

CLASS CODE: 5351

**STATE OF ARKANSAS
REQUEST FOR**

PERMIT NO.

CIGARETTE VENDING MACHINE STAMPS

(EXPIRES JUNE 30TH AFTER DATE OF ISSUE)

MAIL PAYMENT TO:

**TOBACCO CONTROL BOARD
101 EAST CAPITOL, SUITE 110
LITTLE ROCK, AR 72201**

NAME OF BUSINESS

DATE

ADDRESS

BUSINESS PHONE

PHONE: 501-682-9756

CITY

STATE

ZIP

EMERGENCY PHONE

My Current Year Cigarette Vending Machine Permit Number is: _____.

Give the number of Machines you now operate or plan to operate in the coming year _____.

A Surety Bond, the amount of which is determined in relation to the number of machines operated, shall be filed with the **TOBACCO CONTROL BOARD** together with an application to operate Cigarette Vending Machines. The Amount of Bond required is:

1 to 30 Machines	\$2,000.00
31 to 60 Machines	\$3,000.00
61 to 90 Machines	\$4,000.00
91 to 120 Machines	\$5,000.00
Over 120 Machines	\$6,000.00

AMOUNT OF BOND \$ _____
NAME OF BONDING COMPANY _____

ADDRESS OF BONDING COMPANY _____

NAME AND ADDRESS OF INSURANCE AGENCY: _____

NUMBER OF STAMPS REQUIRED @ \$10.00 EACH _____ = \$ _____
TOTAL ENCLOSED

STAMP NUMBERS _____

I understand any machines found operating without stamps attached, may be seized by an authorized agent of the Tobacco Control Board and sold by the Director on an order of the Pulaski Chancery Court, provided that the owner thereof may redeem said machines within ten (10) days by paying the tax due and costs. I agree to abide by all tobacco laws in the State of Arkansas, including, but not limited to, A.C.A. § 4-75-701 et seq., A.C.A. § 26-57-201 et seq., and A.C.A. § 5-27-227, and to conform to all rules, state tax laws and regulations promulgated pursuant thereto.

SIGNED _____
NAME OF INDIVIDUAL TITLE DATE